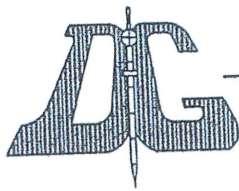


FD# 12



DIETER & GARDNER, INC.

LAND SURVEYING • PLANNING • CIVIL ENGINEERING

RECEIVED

SEP 03 2025

Land Use Department

In accordance with the Town of Ledyard's Zoning Regulations, we are providing notice of an application being filed for site plan approval for 750 (a.k.a. 748) Colonel Ledyard Highway, Ledyard, Ct.

Peter C. Gardner
Dieter & Gardner, Inc.

U.S. Postal ServiceTM CERTIFIED MAIL[®] RECEIPT Domestic Mail Only

For delivery information, visit our website at www.usps.com.

Groton, CT 06340

Certified Mail Fee	\$15.30
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.78
Total Postage and Fees	\$10.48
Sent To	

Street and Apt. No., or PO Box No.

City, State, ZIP+4[®]

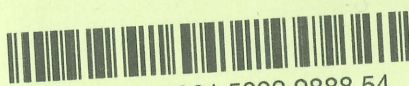
PS Form 3800, January 2023 PSN 7530-02-000-9047

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CITY OF GROTON
295 MENDEN ST
GROTON, CT 06340



9590 9402 9381 5002 9888 54

2. Article Number (Transfer from service label)

9589 0710 5270 1431 0599 16

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input type="checkbox"/> Agent
<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
	8/25/25
D. Is delivery address different from item 1?	<input type="checkbox"/> Yes
If YES, enter delivery address below:	<input type="checkbox"/> No

3. Service Type	<input type="checkbox"/> Priority Mail Express [®]
<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail TM
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail [®]	<input type="checkbox"/> Signature Confirmation TM
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery	
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Mail Restricted Delivery	

860-464-7455 P.O.

Domestic Return Receipt